

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jesse Bushman

Signature of Treasurer

Jesse Bushman

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		139414.74
(b) Cash on Hand at Beginning of Reporting Period.....	183321.02	
(c) Total Receipts (from Line 19)	3338.00	68723.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	186659.02	208138.38
7. Total Disbursements (from Line 31)	4636.99	26116.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	182022.03	182022.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

To:

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2015			

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3338.00

47548.64

(ii) Unitemized

0.00

21175.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

3338.00

68723.64

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

3338.00

68723.64

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

3338.00

68723.64

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

3338.00

68723.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	136.99	15916.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	136.99	15916.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	9500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4636.99	26116.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4636.99	26116.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3338.00	68723.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3338.00	68723.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	136.99	15916.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	136.99	15916.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Shaanti Abbruzzese

Mailing Address 2826 NE Brazee St.

City State Zip Code
Portland OR 97212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente-Northwest

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11AI.11806

Amount of Each Receipt this Period

10.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Patricia M. Barnes-Light

Mailing Address 74 NE Morgan St

City State Zip Code
Portland OR 97211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11AI.11804

Amount of Each Receipt this Period

500.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Maria Bertani

Mailing Address 750 Rugby Rd

City State Zip Code
Brooklyn NY 11230-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.11774

Amount of Each Receipt this Period

20.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

530.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah G. Bopp

Mailing Address 2043 Monroe Road

City
Port Angeles

State Zip Code
WA 98362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olympic Medical Center

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.11757

Amount of Each Receipt this Period

35.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Bre-anne Brown

Mailing Address 105 Jackson Ave

City
Nyack

State Zip Code
NY 10960-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.11779

Amount of Each Receipt this Period

5.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Jessica Burke-Lazarus

Mailing Address 4420 Cascadia Ave S

City
Seattle

State Zip Code
WA 98118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neighborcare Health

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.11763

Amount of Each Receipt this Period

25.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rebecca H Burpo

Mailing Address 5519 Ridgedale Avenue

City State Zip Code
 Dallas TX 75206-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkland University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11Al.11776

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Reagan Crowley

Mailing Address 8 Moulton Ave

City State Zip Code
 Salem MA 01970-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lynn Community Health Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11Al.11790

Amount of Each Receipt this Period

10.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Candace Curlee

Mailing Address 526 Shanas Lane

City State Zip Code
 Encinitas CA 92024-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scripps Clinic

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11Al.11802

Amount of Each Receipt this Period

100.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Alice DeCoursey

Mailing Address 4439 S Miro St

City

New Orleans

State

LA

Zip Code

70125-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Labadie Group

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : SA11Al.11799

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Laura Denman

Mailing Address 15206 24th ave sw

City

Burien

State

WA

Zip Code

98166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Medical Center

Occupation

Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11Al.11765

Amount of Each Receipt this Period

100.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

c. Christine D. Dombrowski

Mailing Address 186 Middle Ridge

City

New Canaan

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Hth Care of NewEngland

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11Al.11766

Amount of Each Receipt this Period

100.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Sandra D. Donover

Mailing Address 6129 Wayne Ave

City

Philadelphia

State

PA

Zip Code

19144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn OB/GYN & Midwifery Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.11785

Amount of Each Receipt this Period

10.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Jane Dyer

Mailing Address 2660 Barkey Dr

City

Salt Lake City

State

UT

Zip Code

84109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.11797

Amount of Each Receipt this Period

80.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Margaret A. Egeland

Mailing Address 379 S. Haines St.

City

Boise

State

ID

Zip Code

83712

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Alphonsus Medical Center

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SA11AI.11758

Amount of Each Receipt this Period

50.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Judy P Fielder

Mailing Address 980 Johnson Ferry Rd NE Ste 620

City State Zip Code
 Atlanta GA 30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Women's Specialists

Occupation

Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 21 / 2015

Transaction ID : SA11AI.11759

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Barbara O'Malley Floyd

Mailing Address 4339 SE Salmon St

City State Zip Code
 Portland OR 97215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Concordia University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11AI.11801

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Karen Fritz

Mailing Address 26078 W. 220th Ter

City State Zip Code
 Spring Hill KS 66083

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Birth Company

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

10 / 01 / 2015

Transaction ID : SA11AI.11750

Amount of Each Receipt this Period

25.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rebecca C. Garrett-Brown

Mailing Address PO Box 658

City

Rancho Santa Fe

State

CA

Zip Code

92067-0658

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11Al.11803

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Emily Ghilarducci

Mailing Address 3109 N 27th St

City

Tacoma

State

WA

Zip Code

98407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Health Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

10 / 19 / 2015

Transaction ID : SA11Al.11756

Amount of Each Receipt this Period

120.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Suzanne Grady

Mailing Address 2820 Hanover St

City

Denver

State

CO

Zip Code

80238-3483

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Physicians

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

10 / 20 / 2015

Transaction ID : SA11Al.11783

Amount of Each Receipt this Period

25.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Aristotle Griego-Marsh

Mailing Address 1075 Vista Ave SE

City
SalemState
ORZip Code
97302FEC ID number of contributing
federal political committee.

C

Name of Employer

Williamette Health Partners

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.11808

Amount of Each Receipt this Period

25.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Deirdre Horvath

Mailing Address 766 Clifton Heights Ln NE

City
AtlantaState
GAZip Code
30329-4255FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.11792

Amount of Each Receipt this Period

10.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Melinda Hoskins

Mailing Address P.O. Box 99

City
MindenState
NVZip Code
89423-0099FEC ID number of contributing
federal political committee.

C

Name of Employer

The Hoskins APRN Clinic

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.11791

Amount of Each Receipt this Period

100.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Carol L. Howe

Mailing Address 13043 SW Ascension Drive

City

Tigard

State

OR

Zip Code

97223-5686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11Al.11800

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Stephanie Hurst

Mailing Address 976 Taylor School Rd

City

Bridgeport

State

WV

Zip Code

26330-7496

FEC ID number of contributing
federal political committee.

C

Name of Employer

WVU OB/GYN Bridgeport

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

68.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11Al.11777

Amount of Each Receipt this Period

68.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Christine Just

Mailing Address 34 Chase Drive

City

Sharon

State

MA

Zip Code

02067

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Hospital

Occupation

Senior Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

10 / 01 / 2015

Transaction ID : SA11Al.11747

Amount of Each Receipt this Period

25.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

143.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Ruth Keen

Mailing Address 21 Hewitt Ave

City State Zip Code
North Andover MA 01845-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer

W. Edwards, MD

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11Al.11761

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Mary Lou Kelsey

Mailing Address PO Box 894

City State Zip Code
Homer AK 99603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homer Medical Clinic

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11Al.11764

Amount of Each Receipt this Period

200.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Michelle Killingsworth

Mailing Address 32 S Canterbury Rd

City State Zip Code
Canterbury CT 06331-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN Group of Eastern CT

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11Al.11782

Amount of Each Receipt this Period

20.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amber Knoche

Mailing Address 1657 Seminary St

City State Zip Code
 Napa CA 94559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Health Clinic

Occupation
Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11Al.11773

Amount of Each Receipt this Period

20.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Mary Lou Kopas

Mailing Address 10531 11th Ave NE

City State Zip Code
 Seattle WA 98125-7505

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11Al.11784

Amount of Each Receipt this Period

40.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Susan Agard Krause

Mailing Address 163 Lincoln Ave

City State Zip Code
 Amherst MA 01002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Medical Center

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11Al.11755

Amount of Each Receipt this Period

100.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Barbara Larsen

Mailing Address 12411 Angelo Dr

City
Frisco

State
TX

Zip Code
75035-6469

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11Al.11781

Amount of Each Receipt this Period

20.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Rebeca Moretto

Mailing Address 1114 Clement Ave

City

Charlotte

State

NC

Zip Code

28205-3697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baby + Company Charlotte

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11Al.11780

Amount of Each Receipt this Period

25.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Janeli Niemann-Ross

Mailing Address 1804 SE 33rd

City

Portland

State

OR

Zip Code

97214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11Al.11807

Amount of Each Receipt this Period

200.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

245.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cathy Offutt

Mailing Address 13 River Rd

City

S Royalston

State

MA

Zip Code

01368

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Vincent Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

10 / 01 / 2015

Transaction ID : SA11Al.11749

Amount of Each Receipt this Period

150.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Kathleen Peacock

Mailing Address 600 Elm Ave

City

Takoma Park

State

MD

Zip Code

20912-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

37.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11Al.11770

Amount of Each Receipt this Period

12.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Annie Rohlin

Mailing Address 208 Spring Avenue

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery County Government

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 15 / 2015

Transaction ID : SA11Al.11798

Amount of Each Receipt this Period

50.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

212.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Catherine M Salam

Mailing Address 1293 Swan Dr

City

Annapolis

State

MD

Zip Code

21409-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

Nurse-midwifery faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.11769

Amount of Each Receipt this Period

25.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Barbara Sellars

Mailing Address 80 Maiden Lane
Suite 901

City

New York

State

NY

Zip Code

10038

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBS Midwifery

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2015

Transaction ID : SA11AI.11753

Amount of Each Receipt this Period

250.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Advah Shani

Mailing Address 4408 Larchwood Ave

City

Philadelphia

State

PA

Zip Code

19104-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.11771

Amount of Each Receipt this Period

50.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Christina V Sierra

Mailing Address 14891 Old Olga Road

City

Fort Myers

State

FL

Zip Code

33905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee Memorial Health System

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11Al.11762

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Nancy H. Sullivan

Mailing Address 1534 NE. 26th Avenue
Apt.6

City

Portland

State

OR

Zip Code

97232-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11Al.11768

Amount of Each Receipt this Period

25.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Jana Sund

Mailing Address 320 Yodelin Ridge Rd

City

Kalispell

State

MT

Zip Code

59901-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Born Maternity and Womn

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11Al.11793

Amount of Each Receipt this Period

20.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa Tatlock

Mailing Address 16356 SW Estuary Drive Apt 201

City State Zip Code
 Beaverton OR 97006

FEC ID number of contributing federal political committee.

C

Name of Employer
 Oregon Health & Science Univ.

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11Al.11805

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Catherine Walker

Mailing Address 68 Glendale Street

City State Zip Code
 Boston MA 02125

FEC ID number of contributing federal political committee.

C

Name of Employer
 Boston University Medical Ctr

Occupation
 Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11Al.11760

Amount of Each Receipt this Period

25.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Stephanie Welsh

Mailing Address PO Box 60

City State Zip Code
 Storrs CT 06268

FEC ID number of contributing federal political committee.

C

Name of Employer
 Mansfield OB/GYN Assoc. PC

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11Al.11751

Amount of Each Receipt this Period

25.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Wenn

Mailing Address 6481 Oldbarn Ct

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

TriHealth

Occupation

Certified Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11Al.11767

Amount of Each Receipt this Period

25.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Alexandria Westlake

Mailing Address 14 E Hampton St

City

Staunton

State

VA

Zip Code

24401-4657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah Women's HealthCare

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11Al.11778

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Juanita Woss Wielenga

Mailing Address 8350 Tamarind Ln

City

Riverside

State

CA

Zip Code

92509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alwan MD Inc

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11Al.11772

Amount of Each Receipt this Period

43.00

October 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

118.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Sherri Wiley-Benson

Mailing Address 228 N Prairie St

City

Batavia

State

IL

Zip Code

60510

FEC ID number of contributing
federal political committee.

C

Name of Employer

VNA Healthcare

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.11775

Amount of Each Receipt this Period

20.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Rebecca Williams

Mailing Address 552 E 5400 S

City

Murray

State

UT

Zip Code

84107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Expectations Birth Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

10 / 06 / 2015

Transaction ID : SA11AI.11752

Amount of Each Receipt this Period

50.00

October 2015 Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

3338.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Bank of America fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2015
Transaction ID : SB21B.11810

Amount of Each Disbursement this Period

77.04

Full Name (Last, First, Middle Initial)

B. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
PayPal fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2015
Transaction ID : SB21B.11809

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

136.99

TOTAL This Period (last page this line number only)..... ►

136.99

